40-905

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and the Air Force
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*Secretary of Navy Instruction 6401.1
*Air Force Regulation 163-5

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Medical Services

Veterinary Health Services

Summary. This regulation on veterinary health services has been revised. This regulation establishes the U.S. Army Veterinary Corps as The Executive Agent for Department of Defense (DOD) Veterinary Services as authorized by DOD Directive 6015.5. It announces policy pertaining to the authorized treatment of Government-owned, privately-owned, and Morale Support Activities-owned animals. This regulation updates measures for the control of rabies, other animal diseases and conditions, stray animal control procedures, the fiscal administration of Army veterinary service nonappropriated funds, and medical records required for military working dogs. It prescribes three new forms: DD Form 2342 (Animal Facility Sanitation Checklist), DD Form 2343 (Veterinary Health Record), and DD Form 2344 (Veterinary Treatment Record).

Applicability. This regulation applies to the Active Army, Air Force, Navy, and Marine Corps. It does not apply to any Services' National Guard or Reserves.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. Local limited supplementation of this regulation is permitted but is not required. If supplements are issued, major service commands will furnish one copy to HQDA(DASG-VCS), 5111 Leesburg Pike, Falls Church, VA 22041-3258; other commands will furnish one copy of each to the next higher headquarters.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by The Adjutant General, Headquarters, Department of the Army (HQDA). Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. The proponent agency of this regulation is the Office of The Surgeon General, HQDA. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA(DASG-VCS), 5111 Leesburg Pike, Falls Church, VA 22041-3258. Navy users should send comments and recommendations through normal channels to the Naval Medical Command (MEDCOM-24), Navy Department, WASH DC 20372-5120.

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*This regulation supersedes AR 40-905, 15 October 1978, and replaces DA Form 5215-R(Test) (Report of Animal Bite—Potential Rabies Exposure) and AF Form 1551 (Animal Bite Report and Rabies Quarantine Notification) with DD Form 2341 (Report of Animal Bite—Potential Rabies Exposure).

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Chapter 1
Introduction

1-1. Purpose

This regulation prescribes policies, responsibilities, and procedures for the provision of veterinary health services. The objectives of the Army veterinary health services are to—

a. Respond to the veterinary service requirements of all components of the Department of Defense (DOD) in time of peace, war, international conflict, or natural disaster.

b. Provide complete veterinary medical care of all Government animals.

c. Provide control of diseases and conditions common to man and other animals (zoonotic diseases) and other communicable diseases or conditions in the military community.

d. Provide professional support of training programs involving animal models.

e. Provide humane medical treatment, care, use, and handling of animals.

f. Provide emergency medical treatment of privately-owned animals and treatment of animal diseases and conditions presenting a health threat to the military community.

1-2. References

Required and related publications are listed in appendix A. Prescribed and referenced forms are listed in appendix B.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

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Chapter 2
General Responsibilities and Functions

2-1. Heads of DOD agencies and the Services

These officials will—

a. Use the Army veterinary services.

b. Coordinate peacetime and mobilization requirements for veterinary services in a timely manner.

2-2. The Army Assistant Surgeon General for Veterinary Services

The Army Assistant Surgeon General for Veterinary Services will—

a. Act on behalf of The Secretary of the Army and The Surgeon General as The Executive Agent for DOD veterinary services.

b. Ensure uniform use of veterinary services throughout DOD.

c. Advise the military police or security police and other DOD elements on the veterinary medical aspects of the Military Working Dog Program and other programs using Government-owned animals. This will include—

(1) Health.
(2) Physical standards.
(3) Training methods.
(4) Training standards.
(5) Nutrition.
(6) Housing.
(7) Research.
(8) Procurement.
(9) Acceptance policies.

2-3. Commanders of major DOD commands and installations

These commanders will support and lend command emphasis to a program to—

a. Effectively prevent and control diseases and conditions of animals which are common to humans and animals (wild and domestic).

b. Control and prevent animal diseases and conditions of environmental, community, or economic significance.

c. Protect and maintain the health and welfare of Government-owned animals.

d. Ensure humane care and use of all animals.

2-4. DOD installation director of health services (DHS)

The DHS will—

a. Provide veterinary health services in support of all DOD component activities within their geographic area of responsibility.

b. Inform and advise installation commanders regarding animal diseases and conditions which can affect the health or welfare of the installation.

c. Provide Animal Disease Prevention and Control (ADPAC) programs against health threats to personnel authorized medical care by the DOD, their animals, or Government-owned animals.

2-5. Veterinary staff officers, veterinary unit commanders, and veterinary service officers

Veterinary Corps officers (VCOs) are graduates of an American Veterinary Medical Association accredited school of veterinary medicine and maintain licensure or certification according to AR 40-67. All VCOs accomplishing duties described in this regulation are licensed veterinarians in at least one State or territory of the United States. Generally, the senior Army veterinary officer at any level of command is directly responsible to the senior U.S. Army Medical Corps officer in his or her chain of command. This veterinary officer serves as a staff officer to the installation commander and the senior installation medical officer as their technical advisor on veterinary service matters. VCOs and commanders at all levels are responsible for the following:

a. Government-owned animal support. In this capacity veterinary personnel will—

(1) Coordinate the veterinary medical aspects of the Military Working Dog Program with military and security police and/or Naval investigative service and other relevant activities.

(2) Coordinate the veterinary medical aspects of supporting other Government-owned animals with the appropriate agencies.

(3) Conduct visits to make sure that feeding, housing, veterinary medical care, and animal husbandry are adequate; that humane standards of housing, handling, and use are maintained; and that medical records are properly maintained.

(4) Provide complete veterinary medical and surgical care for military working dogs (MWDs) and other Government-owned animals.

(5) Instruct handlers and supervisors on the health, care, and management of MWDs and other Government-owned animals. Emergency first aid procedures and nuclear, biological, and chemical (NBC) protective measures for the animals must be taught.

(6) Supervise maintenance of veterinary medical records for MWDs and other Government-owned animals.

(7) Conduct sanitary inspections of MWD kennels, Government-owned animal stables, cages, pastures, enclosures, and other related support facilities, at least once each 3 months. On Navy and Marine Corps installations, environmental sanitation inspections are a medical department responsibility. They are normally conducted by Navy preventive medicine personnel according to NAVMED P-117 (see app A), which concerns

Navy environmental medicine, and NAVMED P-5010 (see app A), which concerns Navy preventive medicine, unless otherwise specified by an interservice support agreement.

(8) Provide veterinary support for research activities using animal models. Support will include review of research protocols and care and use of animals according to AR 70-18/SECNAVINST 3900.38/AFR 169-2/DARPAINST 18/DNAINST 3216.1/USUHSINST 3203.

(9) Review and approve any plans for new construction or modification of existing kennels, stables, cages, pastures, enclosures, or other animal support or holding facilities.

b. Control and prevention of animal diseases and conditions. In this capacity, veterinary personnel will—

(1) *Ensure the investigation of animal diseases and recommend measures for their prevention and control.* This includes—

(*a*) Maintaining liaison with local, State, and Federal health authorities and evaluating animal disease, infestation, and infection in areas near or on military installations.

(*b*) Examining privately-owned, wild, or other animals, maintained on or introduced into military installations, and advising on their control and handling. If a serious, communicable disease is discovered, the infected animals may be treated, quarantined, or euthanized by the same procedures used for infected Government animals.

(*c*) Coordinating with the installation engineer or public works center for measures to control arthropod vectors capable of transmitting diseases as prescribed in AR 420-76, BUMEDINST 6250.6, and AFR 91-21, and for disposal of dead animals found on the installation as prescribed in AFR 125-3.

(*d*) On those installations where a formal disease control program is ongoing (for example, plague), establish procedures to ensure that animals will not be disposed of without coordination with the installation veterinary representative.

(*e*) Providing professional advice for the care of animals impounded or quarantined. The veterinary services operates the stray impoundment facility on Army, Navy, and Marine Corps installations. The installation commander will be responsible for the capture, impoundment, disposal, or otherwise physical control of privately-owned and stray animals on military installations. If use of military impoundment facilities is not practicable, the installation commander will provide for adequate off-installation impoundment facilities.

(*f*) Providing a humane euthanasia service for wild, abandoned, and stray animals in order to assist in controlling diseases and animal populations.

(*g*) Conducting animal disease surveys after protocol approval is received from the major Army command (MACOM). Maintaining close coordination with State, county, host country, and other wildlife agencies.

(*h*) Publishing at least quarterly the installation policy on confinement and disposition of stray and uncontrolled privately-owned animals.

(2) *Ensure the investigation of animal care conditions.* The veterinary service representative will investigate sanitary and humane conditions under which animals are maintained on military installations. He or she also makes recommendations on animal housing and management.

(3) *Assist in formulating quarantine requirements.* The veterinary service representative will assist the installation commander in formulating policy and recommending control measures to comply with State, Federal, and foreign government quarantine laws pertaining to the movement or control of animals and animal diseases. AR 40-12/SECNAVINST 6210.2/AFR 161-4 implements quarantine policies and procedures of the U.S. Public Health Service and the U.S. Department of Agriculture (USDA) in military programs.

c. Training programs. In this capacity veterinary personnel will ensure that training is provided for appropriate personnel in veterinary public health, zoonotic and animal diseases, emergency animal first aid, NBC protective measures for animals, and animal care procedures. They will also advise and assist in training programs pertaining to emergency medical care and the significance of animal diseases to human health and the environment.

d. Inspection of food for Government-owned animals. In this capacity, veterinary personnel will ensure that the veterinary service inspects animal food for wholesomeness and, when requested, for other contract requirements.

e. State, Federal, and local health authority liaison. In this capacity, veterinary personnel will—

(1) Ensure that liaison is maintained with civilian health agencies in matters pertaining to animal health, veterinary public health, and zoonotic disease surveillance.

(2) Ensure coordination of wild animal survey programs on military installations in conjunction with State, Federal, and foreign government programs and agencies. When surveys demonstrate a potential public health impact, appropriate installation medical personnel will be notified.

(3) Ensure that the veterinary service serves as the commander's representative, upon request, in any and all matters within the scope of this regulation and related directives.

(4) Serve as a special staff officer to the installation commander in matters pertaining to all facets of this regulation.

(5) Establish formal procedures for referring the

names of owners of animals impounded to the installation provost marshal or chief of security police. This will allow citations to be issued by the provost marshal or chief of security police according to installation policy.

(6) Establish formal reporting procedures for referring names of animal owners maintaining unregistered privately-owned animals on the installation. This will allow citations to be issued by the military police or security police according to installation policy.

2-6. Installation veterinarian

This veterinarian will—

a. Conduct the veterinary service at the installation and all satellite installations and operating locations.

b. Perform the duties described herein.

c. Maintain current awareness of all DOD directives and other publications that pertain to veterinary services.

d. Be responsible for all reports and records prescribed for use by the veterinary service.

e. Review installation communications and give special attention to veterinary services terminology, topics, issues, and problem descriptions.

f. Monitor on-the-job training for personnel in areas pertinent to veterinary public health, veterinary services, and related areas.

g. Review invitation for bids on contracts for the collection or disposal of animal or biological wastes, animal apprehension services, or other veterinary requirements. These items must be included in the contracts for the sanitation of equipment, for humane animal care, and for the protection of the environment and military and animal populations.

2-7. Veterinarians supporting military working dog procurement and training facilities

These veterinarians will—

a. Provide veterinary medical and surgical care for all military dogs.

b. Develop medical criteria for acceptability of prospective military dogs.

c. Advise personnel in charge on veterinary medical aspects of dog procurement and training.

d. Assist in developing humane training methods and standards, and instruct student handlers, training noncommissioned officers, kennel masters, and instructors on the health, care, and management of MWDs. Handler instruction must include emergency first aid and NBC protective measures for the animals.

e. Identify, initiate, and conduct research necessary to improve the program.

f. Perform required physical examinations and evaluate prospective MWDs.

g. Develop and conduct a veterinary preventive medicine program for all MWDs at the facility.

h. Assist in the development of temperament evaluation procedures and standards to predict dog trainability.

i. Develop and establish forms and format for MWD health records.

j. Maintain the central repository for MWD records (medical portions).

k. Provide referral services for other Army veterinarians.

Chapter 3
Authorized Veterinary Health Services

3-1. Government animals

Complete veterinary medical and surgical service is authorized for Government-owned animals. The veterinarian will designate an appropriate time for routine examinations of these animals. Each military animal will be presented to the veterinarian by its handler or caretaker who will retain control of the animal unless specifically released by the veterinarian. Nonappropriated fund instrumentality (NAFI)-owned animals (on nonappropriated fund (NAF) property books) will be provided veterinary services as Government animals in accord with available time and resources. Reimbursement for veterinary service NAF-procured supplies, drugs, or biologicals will be made at cost from Morale Support Activities funds.

3-2. Privately-owned animals

a. Veterinary services, such as immunizations, examinations, treatment, and hospitalization are authorized for animals owned by personnel authorized routine DOD medical care. This does not apply to those animals maintained for commercial purposes for sale or profit. Animals owned by personnel authorized routine military medical care may be provided services for the prevention and control of diseases or conditions which may be transmissible to humans or animals or those diseases or conditions which may constitute a community health problem.

b. Army VCOs may perform emergency procedures required to prevent undue suffering or to save the life or limb of animals, commensurate with locally available resources.

c. Those veterinary procedures commonly recognized by the profession as cosmetic and elective surgery to include surgical neutering will not be performed in the continental United States (CONUS) except as part of an approved and documented training program.

d. The assignment of operational responsibility to veterinary services for any kind of animal boarding facilities for privately-owned animals is prohibited in CONUS.

e. When extenuating circumstances exist, request for waiver to the above provisions will be submitted through the installation medical services complex (IMSC) commander, the installation commander, and command channels to Commander, U.S. Army Health Services Command, Fort Sam Houston, TX 78234-6000, or the MACOM oversea commander, as appropriate, with information copies furnished to HQDA(DASG-VCS), 5111 Leesburg Pike, Falls Church VA 22041-3258. All waivers granted will be reevaluated and renewed, if appropriate, at least every 2 years.

3-3. Civilian veterinary medical care

Civilian veterinary medical care for Government-owned animals is authorized by AR 40-3 and AR 40-330 when a military veterinarian is not available or when requirements for veterinary medical care exceed the capability of the supporting facility. This includes the examination of prospective MWDs. HQDA-approved veterinary care provided within the purview of AR 40-1 will be funded by Army appropriated funds.

Chapter 4
Injury and Disease Prevention and Control

4-1. Measures for preventing injuries and disease

a. Frequent observations of Government-owned animals will be made by the veterinarian. The purpose of such observation is to detect early signs of disease, the presence of injuries, and signs of inadequate management or diet. These inspections should also include examination of feeding, weighing, and training records of MWDs. Training of handlers will be conducted by veterinary service personnel upon initial assignment of the handlers and at least annually thereafter to maintain proficiency in animal first aid, daily care, and maintenance activities.

b. Inspections will be made of kennels, runs, stables, corrals, and other animal facilities of Government installations utilizing section 3, part 3, title 9, Code of Federal Regulations (9 CFR 3.3) and other applicable references. On Navy and Marine Corps installations, the inspections will be coordinated with the preventive medicine service. The evaluation will determine adequacy of animal husbandry practices and will evaluate construction, maintenance, and sanitation to prevent disease, injury, or adverse effects on the welfare of animals. The frequency of inspections by a veterinarian will be not less than quarterly. A copy of DD Form 2342 (Animal Facility Sanitation Checklist) will be furnished to the individual responsible for the facilities inspected. DD Form 2342 will be locally reproduced on 8 1/2- by 11-inch paper. A copy for local reproduction purposes is located at the back of this regulation.

c. When facilities permit, MWDs will be admitted to the ADPAC facility through an entrance located separately from that used by privately-owned animals. This provision must be considered in new construction programs. Minor medical and surgical facilities may be available at MWD kennels.

d. Upon arrival, all equines being stabled on a military installation will receive a health examination by a veterinarian. The requirements for health certificates, immunizations, and quarantines will be established by the installation veterinarian through an installation approved regulation or policy. Requirements will not be less than those needed to comply with laws and regulations required by States and countries where the installation is located.

e. All Government- and NAFI-owned equines in CONUS will be tested for equine infectious anemia (Coggins test) at the frequency specified by Federal and State regulations. Veterinarians will be prepared to provide detailed information on equine infectious anemia to the installation commanders and to assist in developing a local regulation or policy concerning testing, quarantine, movement, and final disposition of reactor equines. The local installation policies will be published to define requirements concerning testing, reporting, quarantine, movement, and final disposition of reactors. Serum samples submitted will be sent to veterinary laboratory services of CONUS Army medical center reference pathology laboratories for testing. The USDA Veterinary Services (VS) Form 1011 (Equine Infectious Anemia Laboratory Test Report) should be used as the test request form. VS Form 1011 may be obtained from the State Veterinarian in the State where the installation is located. Outside continental United States (OCONUS) requirements will be alined to local policies and foreign country regulations.

f. The veterinary service will assist in the establishment of a local regulation or directive that provides minimum standards for animal welfare and control, to include disposition of animal abuse or neglect complaints and stray and wild animal control programs.

g. Local commanders will establish guidelines for disposition of repetitious nuisance and bite complaint animals. The veterinary service should provide specific guidance in each case.

4-2. Community health care support for zoonotic disease control

a. Animal Disease Prevention and Control Program. An ADPAC Program will be initiated at each military installation to prevent and control those animal diseases or conditions which may be transmissible to humans or animals or may constitute a community health problem. Control measures may include, but are not limited to the following:

(1) Surveys for the detection of disease in domestic and wild animals, as required.

(2) Confinement of stray animals.

(3) Physical examinations.

(4) Diagnostic tests and examinations.

(5) Immunization of susceptible animals.

(6) Chemoprophylaxis.

(7) Treatments.

(8) Restriction of the movement of animals.

(9) Isolation of animals.

(10) Eradication of diseased animals, disease reservoirs, and disease vectors. On Navy and Marine Corps installations, vector control is the responsibility of Navy medical entomologists.

(11) Environmental sanitation.

(12) Zoonotic disease referral procedures with the medical treatment facility (MTF).

(13) Nonsurgical stray animal population control services.

(14) Continuing education and public information programs.

(15) Development of an installation regulation or directive for veterinary preventive medicine and animal health care, encompassing items in this paragraph.

b. Rabies control.

(1) An adequate number of kennels will be provided to meet local needs for quarantine and observation of rabid animal suspects. Construction of such kennels will conform to 9 CFR 3.3. In addition, provisions must be made for physical separation of rabid animal suspects from other animals. When adequate facilities are not available, civilian facilities may be utilized.

(2) The installation veterinary service will be responsible for all facets of the Animal Rabies Control Program (less apprehension and collection of animals) to include, but not limited to—

(*a*) Development of applicable directives.

(*b*) Registration of animals.

(*c*) Immunizations.

(*d*) Operation of the rabies suspect quarantine.

(*e*) Operation of the stray animal confinement facility.

(*f*) Training of supporting personnel.

(*g*) Public education.

(3) All dogs and cats maintained on military installations will be immunized against rabies on a routine basis. Immunization will be in accordance with the latest edition of "Compendium of Animal Rabies Vaccines" prepared by the National Association of State Public Health Veterinarians, Inc. (NASPHV). See appendix C for implementation of the rabies control program. After primary vaccination, 3-year duration of immunity inactivated vaccine will be used for immunization of dogs and cats. In addition, compliance with the rabies vaccination laws and regulations of States and foreign countries is mandatory.

(4) Dogs, cats, and other privately-owned or stray animals will not be permitted to run at large on any military reservation. (Note. Hunting dogs in a designated hunting area are exempt.) It is an installation responsibility to ensure that free roaming domestic animals are collected as often as necessary for confinement. A stray animal will be confined for a minimum of 3 working (duty) days (72 continuous hours) to provide owners sufficient time to reclaim animals apprehended as strays. After 3 working days, the animal(s) may be euthanized or disposed of in accordance with local regulations. The installation confinement and disposition policy will be published at least quarterly in a military distributed media source.

(5) Within the scope of this regulation, the animal confinement facility will be operated as prescribed by local regulations. Provisions must be made for the physical separation of strays and rabies suspects from other animals. At a minimum, facility care and management procedures will comply with 9 CFR 3.3. Using MWD kennels for privately-owned or stray animals is prohibited.

(6) The surgeon or director of medical and health services will notify the veterinarian of all persons presented for animal bites or scratches. DD Form 2341 (Report of Animal Bite—Potential Rabies Exposure) will be used on Army and Air Force installations to initiate a report whenever a patient is treated for an animal bite or scratch and to document the case management. DD Form 2341 will be locally reproduced on 8 1/2- by 11-inch paper head to foot. A copy for local reproduction purposes is located at the back of this regulation. Air Force Medical Services may use AF Form 1551 (Animal Bite Report and Rabies Quarantine Notification) until the stock is exhausted, then use DD Form 2341. The veterinarian will coordinate with the animal owner and local authorities to initiate action to have the involved animal presented for examination and confinement. Table 4–1 provides guidance for management of animal bites on Air Force installations. AR 40–5 provides guidance on Army installations and BUMEDINST 6220.6 for the Navy and Marine Corps ashore and afloat.

(*a*) Owned dogs and cats will be confined under the observation of a veterinarian until definite signs of rabies develop or the animal has been retained in confinement for 10 days from time of incident. Animals showing no clinical signs of rabies may be released from confinement after 10 days from the time of the incident. Animals developing signs of rabies during the 10-day observation period will be euthanized and appropriate specimens submitted for laboratory examination to the veterinary laboratory services of an Army medical center reference pathology laboratory. Home confinement may be authorized at the discretion of the veterinarian on or off the installation if local ordinances permit. When veterinary support is provided on an attending basis, the attending veterinarians and the IMSC will develop procedures for observation of rabies suspects.

(*b*) Wild animals and unowned dogs and cats will be euthanized immediately and appropriate specimens submitted for laboratory examination if human exposure has justified initiation of antirabies treatment. Owned dogs and cats should be quarantined for rabies observation.

(7) Dogs and cats not immunized against rabies which have been exposed to another animal known or reasonably suspected to be rabid should be destroyed immediately. If the owner is unwilling to have this done, the exposed animal will be placed in strict isolation at the owner's expense for a period of not less than 180 days. It should be immunized against rabies 1 month before being released.

(8) A dog or cat that has been exposed to rabies but which has a current rabies immunization should be reimmunized immediately, then restrained (leashing and confinement) and observed for at least 90 days or handled according to host country regulations.

(9) Preexposure rabies prophylaxis will be made

available to all personnel with occupational rabies exposure risk in keeping with current recommendations published by the Public Health Service Advisory Committee on Immunization Practices. If results of rabies antibody titers are provided, they should be entered immediately into the individual's permanent medical record.

(10) Periodic training in safe animal handling techniques should be conducted for all personnel having an occupational rabies exposure risk.

(11) Only rabies specimens for mammals involved in human exposure, from surveillance animals or animals collected in an epidemiological study, should be submitted for laboratory diagnosis. Shipments of rabies specimens in CONUS will be made to the U.S. Army Health Services Command (HSC) veterinary laboratory service responsible for the area. Shipments will be in accord with HSC procedures. Navy and Marine Corps activities handle etiologic agents and biomedical materials as directed by BUMEDINST 6210.3. The telephone number of the receiving laboratory must appear on the address label. OCONUS shipments must be made according to local procedures.

c. Animal immunization programs.

(1) The installation programs for immunizing against animal diseases other than rabies will be based on ethical, state-of-the-art practices, and will be governed by applicable Federal, State or foreign government rules and regulations.

(2) Immunizing agents, drugs, and biologicals will be administered only by a veterinarian or under the supervision of a veterinarian by personnel school-trained as veterinary animal care specialists.

(3) Diagnostic antigen results will be interpreted by a veterinarian.

d. Human and animal bond programs.

(1) Involvement in human and animal bond programs by the veterinarian and his or her staff, in liaison with other health professionals, is encouraged to improve community health.

(2) Sensitivity to client needs and subsequent referrals to the MTF are recommended. These actions are contributing factors to psychiatric, sociological, and behavioral programs in the MTF and community health programs.

(3) Animals cannot be considered cures, but they do serve as adjunctive therapy to existing treatment regimens. The veterinarian should maintain liaison with the MTF in order to facilitate program development.

4-3. Physical examination and outpatient services

a. Prospective Government-owned animals. Prepurchase physical examinations will be conducted for prospective Government animals at the request of the procuring agency.

b. Government animals. Government animals will be examined at a frequency determined by the veterinarian, except that physical examinations of MWDs will be made as follows:

(1) Immediately upon arrival at a station, following either procurement or transfer.

(2) Prior to movement to a new station. Such examination will be to determine compliance with the provisions of Federal, State, and foreign government regulations and AR 40-12/SECNAVINST 6210.2/AFR 161-4.

(3) At least every 6 months, to include an examination for microfilaria and intestinal parasites. Other facets of the examination will include the following:

(*a*) Annually, during the period October through March, a blood serum sample for ehrlichiosis and babesiosis evaluation will be forwarded to: Commander, Brook Army Medical Center, ATTN: HSHE-PLV, Fort Sam Houston, TX 78234-6200.

(*b*) A pelvic radiograph if a dog has a history of hip dysplasia and has not been radiographed within the past 12 months, or if a dog has no history of dysplasia but has not been radiographed within the past 24 months.

(*c*) Dental examination and, if indicated, oral hygiene procedures.

(4) When declared excess by the accountable unit. A copy of DD Form 1829 (Record of Military Dog Physical Examination), which includes a synopsis of the dog's medical history, will be provided to the accountable unit to accompany the excess report.

c. Physical examinations for MWDs. Physical examinations will be performed on MWDs within 14 days prior to oversea movement. This will be a comprehensive clinical examination. The general outline is provided below. Prior to physical examinations, the veterinarian will be aware of any special requirements prescribed by the using agency; for example, AR 190-12 and AFR 125-5 prescribe requirements for MWDs under the supervision of the U.S. Army Military Police and United States Air Force (USAF) Security Police, respectively. The veterinarian will provide technical guidance to commanders responsible for the shipment of MWDs, and advise them in complying with provisions of Federal, State, foreign government, and military regulations related to the movement of animals.

(1) This examination will include the following:

(*a*) Microfilaria if not done within the past 6 months.

(*b*) Fecal examination for parasites, if not done within the past 6 months.

(*c*) Blood chemistry if not done within the past year.

(*d*) A pelvic radiograph if a dog has a history of hip dysplasia and has not been radiographed within the past 12 months, or if a dog has no history of hip dys-

plasia but has not been radiographed within the past 24 months.

(2) The following will be performed prior to shipment:

(*a*) Each dog will be vaccinated against rabies, canine distemper, canine adenovirus (type 1 or type 2), canine parvovirus, and leptospirosis if it has not been vaccinated against these diseases within the past 6 months.

(*b*) Cleaning of teeth, if indicated.

(*c*) Treatment to eliminate external and intestinal parasites, if required.

d. Veterinary service for privately-owned animals.

(1) This service will include procedures necessary to prevent, control, and treat diseases or conditions which may be transmitted to humans or animals or may constitute a community health problem. These procedures will promote the health and well-being among the eligible population and their privately-owned animals. They will also be designed to prevent animals of eligible personnel from contributing to economic or environmental problems.

(*a*) Use of diagnostic procedures in conjunction with the disease control and prevention mission will be performed as required.

(*b*) Emergency health care services for animals are authorized in emergency situations when life and limb are in danger or when the level of suffering requires immediate veterinary care.

(2) ADPAC facility operations are supervised by a VCO. Enlisted animal care specialists or facility staff members will be under the direct supervision of a VCO.

(3) Mutual cooperation between civilian and military practitioners is strongly encouraged. VCOs should keep in close contact with both civilian practitioners and associations. Referrals cannot be made to specific individuals or facilities or to select subgroups. Military veterinarians may accept referrals for authorized procedures after personal verification with the referring civilian veterinarian. See appendix D for the military Animal Disease Prevention and Control Policy.

(4) The services of the ADPAC Program may be extended to animals owned by DOD (and other Government agencies) civilians who are authorized medical care in military MTFs.

(5) Drugs, biologicals, and expendable supplies used for privately-owned animals must be provided at no cost to the Government.

Table 4-1
Management of potential rabies exposure on Air Force installations

When	Then
1. An animal bite occurs and the patient goes to an emergency room	a. The patient is treated and a bite report (AF Form 1551) is initiated.[1] (Use AF Form 1551 until stock is exhausted, then use DD Form 2341.) b. The AF Form 1551 or DD Form 2341 is given or sent to the environmental health officer (EHO) for logging and monitoring of the Bite Control Program. c. The AF Form 1551 is sent to the veterinarian for quarantine of the animal.[2]
2. Deemed necessary by the physician and veterinarian	The rabies advisory board is called into session.[3]
3. The veterinarian secures the animal through the security police or The veterinarian contacts local authorities for an off-base animal	The animal is placed in quarantine for a 10-day observation period.[4] or The veterinarian may have to arrange for quarantine with local quarantine officials.[4 5]
4. The status of the animal is determined after a 10-day quarantine period	The veterinarian completes the appropriate portion of AF Form 1551 or DD Form 2341.
5. AF Form 1551 (or DD Form 2341) has been completed	a. It is given to the proper authorities for placement in the patient's health record. b. It is given to the EHO for the completion of the case and to complete the logbook entries.

Notes:

[1] The treating physician calls the veterinarian immediately if he or she feels it is an emergency.

[2] Sent means to give to the Army veterinarian when he or she comes to the Air Force Base if he or she is on an attending basis. If on an attending basis, telephone communication may be necessary to have the animal quarantined.

[3] The rabies advisory board normally consists of—
a. Flight surgeon, president.
b. Treating physician.
c. EHO, who will be the recorder.
d. Physician.

e. Veterinarian.

[4] The veterinarian keeps the EHO informed about the condition of the animal's health throughout the 10-day period to alert the rabies advisory oard if necessary.

[5] It is a veterinary service responsibility to observe the animal during quarantine or to arrange for quarantine. In some remote areas where ttending veterinary service comes from a distant location and the reliability of local public health officials is questionable, these arrangement may nclude observation by a military occupational specialty (MOS) 91T animal care specialist.

Chapter 5
Government-Owned Animal Program

5-1. Duties of the veterinarian

a. Veterinarians supporting installations to which MWDs are assigned or where Government-owned animals are present. These veterinarians will—

(1) Provide complete veterinary medical and surgical care for MWDs and other Government-owned animals.

(2) Instruct handlers and supervisors on the health, care, and management of MWDs and other Government-owned animals. Instruction in emergency first aid procedures and NBC protective measures for the animals will be required.

(3) Advise the installation chief of military or security police and other MWD-using activities on all matters pertaining to the health and care of MWDs, and advise appropriate agencies about other Government-owned animals.

(4) Supervise maintenance of veterinary medical records for MWDs and other Government-owned animals.

(5) Conduct sanitary inspections of MWD kennels, animal stables, cages, pastures, enclosures, and other related support facilities, at least once each 3 months. On Navy and Marine Corps installations, environmental sanitation will be coordinated with the preventive medicine service.

(6) Provide veterinary support for research activities to include review of animal models, research protocols; and care according to AR 70-18/SECNAVINST 3900.38/AFR 169-2/DARPAINST 18/DNAINST 3216.1/USUHSINST 3203.

(7) Review and approve any plans for new construction or modification of existing stables, cages, pastures, enclosures, or other animal support holding facilities.

(8) Perform physical examinations and evaluation of Government-owned animals before shipment, upon receipt when declared excess, and at least every 6 months. DD Form 1829 will be used for MWDs.

b. Examination of prospective MWDs. Veterinarians assigned to installations with ADPAC facilities will examine prospective MWDs at no expense to the owner. Any vaccines or medications necessary to prepare the animal for shipment will be at Government expense. If an animal is owned by an individual not otherwise eligible to use the ADPAC services, the ADPAC records should indicate "These services were provided for a prospective military working dog, according to AR 40-905/SECNAVINST 6401.1/AFR 163-5."

5-2. Budgetary support

a. Medical budgetary support of the MWD Program and other Government-owned animals. Veterinary requirements for medical materiel used in the treatment and care of MWDs and other Government-owned animals will be included in the Command Operating Budget submitted by the ADPAC facility.

b. Civilian veterinary medical care for MWDs or other Government-owned animals. Civilian veterinary medical care is authorized in emergencies when an Army veterinarian is not available or care is beyond the capabilities of the local ADPAC facility and it is not possible or practical from another Army ADPAC facility as certified by the supporting MACOM. The attending Army VCO is responsible for procedures to be used to obtain civilian veterinary care in emergenices. When expertise, facilities, or equipment are not available to handle a case locally, MWDs may be referred to the DOD Military Dog Veterinary Service, Lackland Air Force Base (AFB), TX 78236-5000 or CONUS veterinary MWD referral facility for treatment if—

(1) The Chief, Military Dog Veterinary Service supporting the DOD Military Dog Center or OCONUS MWD referral facility agrees to accept the referral case.

(2) The parent unit to which the dog is assigned provides funds to transport the dog to and from Lackland AFB, TX, or the OCONUS veterinary MWD referral facility.

5-3. Death of animals

a. Functions of the veterinarian. Upon the death or contemplated euthanasia of Government-owned animals, the veterinarian will be notified promptly.

(1) The veterinarian will prepare and submit to the responsible officer DD Form 1743 (Death Certificate of Military Dog), setting forth fully the cause of death for the MWD and stating whether or not it resulted from from fault or neglect. DD Form 1743 will be locally reproduced on 8 1/2- by 11-inch paper. A copy for local reproduction purposes is located at the back of this regulation.

(2) A veterinarian may dispose of MWDs or other Government-owned animals by euthanasia, when requested to do so according to established directives (for example, AR 190-12, AFR 125-5). In an emergency, the procedures may be performed at the veterinarian's discretion to prevent undue suffering.

b. Performing a necropsy.

(1) A necropsy will be performed only when an MWD dies of unknown causes or significant medical problems or is euthanized for significant medical problems. Untrained dogs at the DOD Military Dog Center which are disposed of by euthanasia for nonmedical reasons will not be necropsied.

(2) A complete necropsy will be performed per TB MED 283 on deceased MWDs except as explained above. Necropsy results will be entered on DD Form 1626 (Veterinary Necropsy Report), a copy of which

will be filed with the animal's permanent records.

(3) Necropsy of other Government-owned animals will be at the discretion of the installation commander and the veterinarian.

c. Animal disposition.

(1) *Euthanasia of animals.*

(*a*) Government animals may be euthanized to terminate suffering from diseases, injury, or permanent disability or as outlined in AFR 400-8/AR 700-81/OPNAVINST 10570.1/MCO 10570.1. In all other cases, the veterinarian must obtain written approval for this action from the installation commander, responsible officer, or his or her representative prior to the action. All recommendations and permission for euthanasia will become part of the animal's permanent medical records.

(*b*) Except when the veterinarian acts to prevent undue suffering or when human health is involved (for example, a rabies suspect), euthanasia of privately-owned animals is authorized only after written approval for this action is obtained from the animal owner as documented by a completed DD Form 1745 (Animal Euthanasia). DD Form 1745 will be locally reproduced on 8 1/2- by 11-inch paper. A copy for local reproduction purposes is located at the back of this regulation.

(*c*) Euthanasia of strays is authorized after a reasonable effort (not less than 3 working (duty) days (72 continuous hours)) has been made to determine ownership.

(*d*) Euthanasia will be accomplished in a humane manner.

(2) *Disposition of deceased animals.*

(*a*) The disposition of deceased animals found on the military installations is an installation responsibility and will be in accordance with local policy and directives. Federal, State, and local health hazards standards, including environmental hygiene restrictions regarding animal disposal, will be the minimum standards.

(*b*) Experimental animals, laboratory tissue specimens, and infectious wastes incident to laboratory operations will be disposed of as stated in AR 40-5, DA Pam 420-47, AFP 91-8, and NAV FAC MO-213.

(*c*) The disposition of deceased privately-owned animals is the responsibility of the animal owner. Owners who have any questions regarding animal disposition policies or procedures should contact the installation commander or the ADPAC facility for advice.

Chapter 6
Fiscal Management and General Administrative Procedures

6-1. Fiscal management

The Government has a responsibility to provide resources for the care of Government-owned animals and for the protection of the military community from zoonotic and animal diseases and conditions. Facility classification standards are in table 6-1.

a. Government-owned animals. The Army Medical Department will provide appropriated fund support for drugs, supplies, and equipment for the treatment of Government animals. Veterinary services man-hours will be provided without charge or reimbursement.

(1) When NAF supplies, drugs, or biologicals are utilized for Government-owned animals, reimbursement (P-8 Medical Operations and Maintenance, Army (OMA)) will be made at cost, not less than quarterly.

(2) Civilian veterinary care (para 3-3) may be provided to NAFI-owned animals and will be at the NAF expense.

(3) Mascots established by unit orders will be afforded the same rights, privileges, support services, and health surveillance as other Government animals.

b. Privately-owned animals.

(1) When personnel authorized routine DOD medical care, who are animal owners, receive a direct benefit from the veterinary ADPAC health program in the form of improved animal health, they will be charged for the items provided or utilized.

(2) For the purpose of administering the funds collected, veterinary service NAFs will be established as Category VIII, Supplemental Mission Services NAFI, and operated in accordance with the applicable NAF regulations and directives on Army installations. Other Services may utilize the Army NAFI, or maintain their own installation NAF to support the fiscal management of the ADPAC facility. For non-Army NAFs, NAFI accounting procedures of the other Services and local installations requirements will be followed. Membership in the fund council, if required, will include at least one member from other than the veterinary service. The NAFI is established only for the fiscal administration of the ADPAC facility; operational policy resides with the installation veterinarian.

(3) Prices charged or a standard percentage markup over cost for the treatment of privately-owned animals will be reviewed by the veterinary service NAF council or the appropriate NAFI funds council. Uniform prices may be established for some fees at DOD or Service level. Price determination will be based on factors to compensate for the following:

(*a*) Shipping.

(*b*) Breakage.

(*c*) Deterioration of drugs, biologicals, and supplies.

(*d*) Cost of furnishings.

(*e*) The improvement of facilities.

(*f*) Salaries of required NAF civilian support personnel.

(*g*) Equipment necessary to keep abreast of the current state-of-the-art and associated expenses.

6-2. Supply procedures

a. All initial procurement of nonexpendable or durable medical materiel needed to support the ADPAC facilities may be programmed and obtained with appropriated funds. Replacement due to fair wear and tear may be either from appropriated or NAFs.

b. All expendable medical materiel needed to examine and treat Government animals will be acquired with appropriated funds from medical supply or by the cognizant contracting office according to applicable procurement laws and regulations including the Federal Acquisition Regulation (FAR) and the Army FAR supplement. This materiel may be acquired from the veterinary service NAF where there are organizational or functional reasons for having medical materiel furnished by other than a NAFI or in situations where only a NAFI can provide it. In such case, a determination will be made that such NAFI is the only source under the circumstances from which the medical materiel can be obtained. In addition, the NAF management office will be reimbursed with appropriated funds (P-8, Medical OMA) by locally determined procedures where the specific approval of the Commanding General, HSC or the oversea MACOM commanding general has been granted. NAFIs owning animals will reimburse the veterinary service NAFI at cost for supplies used.

c. Expendable medical materiel needed to examine and treat privately-owned animals may be procured from commercial sources through the NAF, or from medical supply using nonappropriated funds. In oversea areas controlled substances and other expendable medical materiel for use in the ADPAC facility may be processed through the MTF medical supply. In this case an appropriate reimbursement system will be established.

6-3. Nonappropriated funds on Army installations

NAF will be established as a veterinary service fund under the NAF system for fiscal management of the ADPAC facility as authorized by proper command. Annex accounts may be established for other installations. The ADPAC facility operational control is an integral part of the medical mission and will not be considered a morale, welfare, or recreation activity. Use

of OMA or NAF monies will be as directed in table 6-2.

6-4. Controlled substances

a. Controlled substances are drugs so designated by the Drug Enforcement Agency (DEA). Only veterinary facilities located in a State as listed by DEA will be registered by the DEA. A State is any State, territory, possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and the Trust Territory of the Pacific Islands. The medical center/medical department activity deputy commander for veterinary services is responsible for assuring that VCOs comply with the procedures in TB MED 291, AR 40-2, AR 40-61, AR 230-65, and, on Air Force installations, AFR 12-50, AFM 67-1, and AFR 168-4.

b. Veterinary facilities which do not purchase controlled substances from commercial sources or are located outside of a State may not be registered by DEA. In these areas, controlled substances may be procured under the provisions of AR 40-61.

c. Management and accountability of controlled items on Army installations will be in accordance with AR 40-2, AR 40-61, and TB MED 291; on Air Force installations, AFR 168-4; and on Navy and Marine Corps installations, NAVMED P-117 (see app A).

(1) Controlled substances include all drugs designated in the Controlled Substances Act. DA Form 3949 (Controlled Substances Record) or equivalent will be used to record receipts, issues, and inventories of controlled drugs. On the DA Form 3949, cross out the column heading "Name and Patient" and insert "Owner/MWD Name, Number." For privately-owned animals, the name of the owner and the animal's name will be recorded in the column. For MWDs the animal's name and number will be recorded.

(2) If separate supply accounts are maintained for the NAFI drugs and for MWDs, a separate DA Form 3949 must be maintained for each account.

(3) Patient records must reflect utilization rates to support the DA Form 3949 entries.

d. Narcotics, dangerous drugs, and controlled substances will be safeguarded at each ADPAC facility in locked security containers. The installation military police or security police will be requested by the assigned senior VCO to conduct physical security surveys and inspections of locations wherein narcotics, dangerous drugs, and controlled substances are stored. The surveys will be according to security regulations of the service controlling the installation.

e. Excessive quantities of narcotics, dangerous drugs, and controlled substances will not be maintained by the ADPAC facility. Disposition will be made in the presence of a disinterested inventory officer according to local policy and existing directives.

f. Transfer of accountability for narcotics, dangerous drugs, and controlled substances should be accomplished within 96 hours of a change of the responsible VCO.

6-5. Veterinary medical records

a. Government-owned animals. Veterinary medical records must be initiated by the time an animal is accepted by the Government and must accompany the animal on all changes of station and military deployments. Only veterinary personnel may make or direct entries in veterinary medical records. Contents of the records of MWDs must be arranged according to instructions of the DOD Military Dog Veterinary Service, ATTN: HSHE-VTF-D, Building 7595, Lackland AFB, TX 78236-5000.

(1) *Disposition of records.* Upon death of an MWD, the complete medical record and all radiographs must be sent to the Central Records Repository, DOD Dog Center, Lackland AFB, TX 78236-5000.

(2) *Forms.* Appendix B lists the forms used to record medical information about MWDs.

(3) *MWD medical records.* It is the responsibility of commanding officers to ensure that veterinary medical records are current, accurate, and complete, and that veterinary officers are allowed full use of these records for diagnosis and treatment and for conservation and improvement of animal health. Only the VCO can direct entries concerning medical treatment. Veterinary medical records for MWDs together with the administrative records constitute the permanent record file for each military dog. When an MWD is procured, the permanent record file will be initiated by the DOD Military Dog Veterinary Service, Lackland Air Force Base, TX 78236-5000 as prescribed by AFR 400-8/AR 700-81/OPNAVINST 10570.1/MCO 10570.1. The following forms constitute the dog's veterinary medical record:

(*a*) DD Form 2344 (Veterinary Treatment Record (Green)) or DA Form 3444 (Terminal Digit File for Treatment Record) is prepared by the DOD Military Dog Veterinary Service and is issued with the animal.

(*b*) AFLC Form 4507 (Veterinary Examination of Dog Offered for Donation or Sale to Government) or equivalent is prepared by a veterinarian who examines the dog prior to shipment to Lackland AFB for procurement. This form together with specifications and general requirements for dogs offered for donation or sale to the U.S. Government are provided dog owners upon application to the DOD Military Dog Center. The AFLC 4507 will not be in records of dogs which are originally examined at Lackland AFB. AFLC Form 4507 is stocked and issued by the DOD Military Dog Center, SA-ALC/DSK, Lackland AFB, TX 78236-5000.

(*c*) DD Form 1829 is used to record the results of physical examinations accomplished on MWDs. Make all entries in ink, legible, brief, and concise, but with

complete medical adequacy. Use section 36 to outline the medical history. Make a statement of fitness for duty in the summary. The examining veterinarian will sign the form.

(*d*) SF 600 (Health Record—Chronological Record of Medical Care) constitutes the basic detailed chronological record of the MWD's medical history. Make entries of all medical care for an MWD on this form and use the problem-oriented medical record (POMR) approach (AR 40-66). Make entries in ink or type. Every entry must be legible. When initiating a clinical record, complete all identification data. Date each entry and identify the veterinarian's organizational address (use a rubber stamp if available). There is no need to repeat address identification on additional entries on the same page unless the sequence was interrupted by treatment at another facility. Make POMR entries brief and concise, but with complete medical adequacy. Include an informative description of the animal's condition, findings of any examination, diagnosis, and treatment provided. Each entry will be signed by the treating veterinarian. If an injury is treated, describe the cause and circumstances. Make an entry each time a dog is presented, placed in isolation kennels or in the hospital, released from kennels or the hospital, transferred from one veterinary facility to another, and upon a permanent change of station. Summarize laboratory and radiographic examinations on the clinical record. Enter "physical examination" for each physical examination accomplished.

(*e*) DD Form 1741 (Military Dog Immunization Record) serves as the official record for all immunizations given to an MWD. Immunizations recorded on this form are not required to be entered on SF 600. DD Form 1741 will be locally reproduced 8 1/2- by 11-inch paper. A copy for local reproduction purposes is located at the back of this regulation.

(*f*) DD Form 1626 (Veterinary Necropsy Report) will be prepared and distributed as required by TB MED 283.

(*g*) DD Form 2209 (Veterinary Health Certificate) will be prepared when an MWD is moved or shipped from one installation or command to another, shipped interstate, or shipped to a foreign country. In addition to copies of the certificate that may be required to comply with Federal, State, and foreign requirements for the interstate or international shipment of MWDs, provide a copy to the MWD's handler to accompany the shipment and place a copy in the MWD's health record.

(*h*) DD Form 1743 is used to close out accountability for MWDs. Death certificates must be signed by a VCO.

(*i*) Medical Standard Forms listed in AR 40-66 are authorized for use by ADPAC facilities for Government-owned animals.

b. Privately-owned animals.

(1) *Forms authorization.* Use of standard medical forms for privately-owned animals is authorized. See appendix B for forms used to record medical information for privately-owned animals.

(2) *Health records.* DD Form 2344 (Veterinary Treatment Record (Green)) or DA Form 3444 marked as a veterinary treatment record, can be used as the privately-owned animal health record folder. (See *a*(3)(*a*) above for usage of the two forms.)

(3) *Rabies immunization.* DD Form 2208 (Rabies Vaccination Certificate) will be prepared for each animal immunized against rabies. The original copy will be furnished to the owner. A duplicate copy will be maintained by the veterinarian. Additional copies may be made and distributed as required. NASPHV Form 50 (Rabies Vaccination Certificate) may be used in place of the DD Form 2208, if the DD form is not available.

(4) *DD Form 1745 (Animal Euthanasia).* This form will be prepared when an owner requests euthanasia of a privately-owned animal.

(5) *DD Form 2209 (Veterinary Health Certificate).* This form will be prepared at the request of the owner in the number of copies required to enable interstate and international shipment.

(6) *DD Form 2343 (Veterinary Health Record).* This form will be used as a cover page to provide a master problem list and other essential information (animal data, immunization data, and laboratory procedures). DD Form 2343 will be locally reproduced on 8 1/2- by 11-inch paper. A copy for local reproduction purposes is located at the back of this regulation.

c. Records for controlled drugs. Records for controlled drugs will be maintained in accordance with AR 40-2, AR 40-61, AR 190-50, and this regulation.

6-6. Posting of warning signs

a. Warning signs will be posted as herein directed to protect the unwary. In other than English-speaking countries, these signs will be bilingual using the native language of the host nation and English.

b. Warning signs will be posted on exterior fencing and veterinary kennel runs. These signs should be placed so that personnel approaching the area from any direction will be able to detect the signs at least 50 yards before reaching the runs. Signs will have the following words:

OFF LIMITS
DANGER
MILITARY WORKING DOG AREA

c. A warning sign will be posted on the entrance of each kennel and cage used to quarantine rabies suspects with the following words:

OFF LIMITS
DANGER
RABIES SUSPECT

d. A warning sign will be posted at the entrance of the veterinary facility used for MWDs with the following words:

OFF LIMITS
DANGER
MILITARY WORKING DOG ENTRANCE

e. AR 385-30 will be used as authority for the construction and replacement of the above signs. On USAF installations, coordinate sign requirements with security police.

6-7. Professional civilian employment

a. Army VCOs may engage in civilian employment in accordance with provisions of AR 40-1.

b. A military veterinarian may take part in any no-fee consultation with a civilian practitioner if—

(1) The consultation does not interfere with his or her official duties.

(2) The consultation is requested by the civilian practitioner.

(3) The Army veterinarian's supervisor concurs.

Table 6-1
Facility classification of animal disease prevention and control facilities[1]

Category A[2]	Category B[3] (2 or more days/week)	Category C[3] *(less than* 2 days/week)	Category D[4] (attending)	Category E[5] (attended)
Waiting Room: Segregation of canine from feline.	Space for separation.	Space.	Space.	None.
Examination Room: Water, lights, ophthalmoscope, otoscope, scales, doors, refrigerator.	Water, lights, scales, ophtahlmoscope, otoscope.	Water, lights.	Isolatable.	Ad hoc.
Pharmacy: References plus safe.	Reference plus safe.	References.	Separated.	None.
Pathology: Chemistry, urine, culture, sensitivity cytology, complete blood counts, fecal.	Complete blood counts, urine, chemistry, culture, sensitivity, fecal.	Microsccpe.	Microscope.	Carry-in
Radiology: Contrast, survey, processing (300 megamperes (MA) at 100 kilovolts potential (kvp)).	Contrast, survey (100 MA at 100 kvp).	Survey.	Survey.	None.
Anesthesia: Gas, intravenous (IV), monitoring devices.	Gas, IV.	Gas, IV.	Gas, IV.	IV.
Surgery: Water, sink, padded surgery table, lamps.	Water, sink, padded surgery table, lamps.	Table, lamps.	Table, lamps.	Table, lamps.
Sterilization: Autoclave, clock.	Autoclave.	Autoclave.	None.	None.
Preparation Room: Electrocardiogram (EKG), suction equipment, emergency lighting, with preparation room lighting.	EKG, suction equipment, with separate area for preparation.	EKG.	None.	None.
Dentistry: Ultrasonic.	Ultrasonic.	Ultrasonic.	Scalers.	None.
Nursing Care: Individual compartments, humidity control.	Individual space, temperature control.	Individual compartments.	Adequate space.	None.
Exercise Area: 1 per 8-10 compartments.	1 per ward.	Within designed area.	Within area.	None.
Housekeeping: Mechanical equipment.	Some mechanical equipment.	Manpower.	Help.	Self.

Table 6-1
Facility classification of animal disease prevention and control facilities—Continued[1]

Category A[2]	Category B[3] (2 or more days/week)	Category C[3] *(less than* 2 days/week)	Category D[4] (attending)	Category E[5] (attended)
Waste Disposal: Incinerator.	Incinerator.	Land fill.	Haul away.	Haul away.
Ventilation: Filtered air, heat, air-conditioning.	Heat, air-conditioning.	Heat, air-conditioning	Heat.	Moving air.
Maintenance: Records, staff and budget.	Records and budget.	Records.	User.	User.
Library: Books and periodicals.	Books and periodicals.	Books and periodicals.	References.	None.
Budget: Annual.	Annual.	None.	None.	None.
Records: Problem-oriented.	Problem-oriented.	Problem-oriented.	Legible.	Ad hoc.
Emergency Services: Full-time.	Duty hours emergency service.	Clinic hours emergency service.	Referral.	Referral.

Notes:

[1] Exceptions to policy for category deviation may be approved at the MACOM level.

[2] ADPAC facilities which support Government-owned animals exclusively will be category A facilities. These facilities will conform with American Animal Hospital Association standards. This does not include minor medical and surgical care facilities available at small MWD kennels.

[3] Each ADPAC facility staffed with an assigned veterinarian will be programmed and supported as a Category B or C facility, as appropriate.

[4] Each ADPAC facility staffed with one or more 91T personnel, but only attended by a veterinarian, will be programmed and supported as a Category D facility.

[5] Category E refers to mobile clinic facilities/(mobile facilities in CONUS (MFICs)).

Table 6-2
Fiscal administration of the ADPAC facility

Functions	Appropriated funds	Veterinary service NAF
Construction and modification of facilities.	Utilize.	May supplement appropriated funds according to AR 215-1, chapter 4.
Maintenance and repair of facilities.	Utilize.	May supplement appropriated funds according to AR 215-1, chapter 4.
Utilities.	Utilize.	Not authorized.
Purchase, maintenance, and repair of equipment.	Utilize.	May supplement appropriated funds according to AR 215-1, chapter 4.
Custodial services.	Utilize.	May supplement appropriated funds according to AR 215-1, chapter 4.
Civilian adminstrative personnel.	Appropriated funds will be used when workload requirements justify only one civilian associated primarily with mission requirements not directly benefiting individual animal owners.	The veterinary service NAFI will be used when administrative personnel are associated with NAF services primarily of direct benefit to animal owners; such as, completing vaccination and heath certificates, collecting fees, working as a receptionist, or appointment clerk, maintaining health records, or employed in NAFI administration and other services for which the NAFI receives remuneration.
Drugs, biologicals, and supplies.	Utilize for Government animals. Funds may also be used for the treatment of privately-owned animals in oversea locations when veterinary supplies cannot be readily obtained from commercial sources. Owners will reimburse the medical services account (MSA) for these supplies.	Utilize for the treatment of privately-owned animals. These veterinary service NAFI-purchased items may be used for the treatment of Government-owned animals when the number of Government animals makes it impractical to keep two separate inventories. Purchase for Government animals will be made with appropriated funds (OMA, Program 8) by locally determined procedures for the actual cost of the materials used.
Confinement services for strays:		
a. Euthanized after 3 working (duty) days (72 continuous hours) of confinement.	Financial responsibility of OMA, Appropriated Funds, Program 8, Medical.	OMA, Appropriated Funds, Program 8, Medical, will purchase impoundment services from veterinary service NAFI on the basis of $2.00 per animal impoundment day. (See note.)
b. Adopted after 3 days of confinement.	Financial responsibility of OMA, Medical Appropriated Funds, Program 8, until the adoptee is identified. Then, it becomes the responsibility of the new owner.	Appropriated Funds, Program 8, Medical, will purchase services from veterinary service NAFI on the basis of $2.00 per animal impoundment day until the animal is adopted. Adopting owner will have responsibility for all expenses after adoption. (See note.)
c. Owned animal picked up and confined as stray.	.....	Owner is responsible for all costs.
Rabies suspects:		
a. Animal owned by member residing on military installation.	Confinement days in Government facilities are the financial responsibility of OMA, Appropriated Funds, Program 8, Medical.	OMA, Appropriated Funds, Program 8, Medical will purchase quarantine services from veterinary services NAFI on the basis of $2.00 per animal quanantine day. (See note.)
b. Animal owner residing off installation.	Confinement days in Government facilities are the financial responsibility of OMA Appropriated Funds, Program 8, Medical, when the owner is authorized routine military medical care.	Do.

Table 6-2
Fiscal administration of the ADPAC facility—Continued

Functions	Appropriated funds	Veterinary service NAF
NAFI-owned animals.	No charge will be made for the professional services of the military veterinary service personnel.	NAFI reimburses veterinary services NAFI for the cost of all drugs, biologicals, and medical supplies used in the treatment of NAFI-owned animals.

Note:
Commander, HSC, and oversea MACOM commanders may approve different reimbursement rates between a minimum of $1.00 and maximum of $3.00 per animal per day if justified based on actual NAF expenditure history.

Appendix A
References

Section I
Required Publications

AFM 67-1 (USAF Supply Manual). Cited in paragraph 6-4*a*.

AFP 91-8 (Solid Waste Management). Cited in paragraph 5-3*c*(2)(*b*).

AFR 12-50 (Disposition of Air Force Documentation). Cited in paragraph 6-4*a*.

AFR 91-21 (Pest Management Program). Cited in paragraph 2-5*b* (1)(*c*).

AFR 125-3 (Security Police Handbook). Cited in paragraph 2-5*b* (1)(*c*).

AFR 125-5 (USAF Military Working Dog (MWD) Program). Cited in paragraphs 4-3*c* and 5-3*a*(2).

AFR 168-4 (Administration of Medical Activities). Cited in paragraphs 6-4*a* and 6-4*c*.

AFR 400-8/AR 700-81/OPNAVINST 10570.1/ MCO 10570.1 (DOD Dog Program). Cited in paragraph 5-3*c*(1)(*a*).

AR 40-1 (Composition, Mission, and Functions of the Army Medical Department). Cited in paragraphs 3-3 and 6-7*a*.

AR 40-2 (Army Medical Treatment Facilities—General Administration). Cited in paragraphs 6-4*a* and *c* and 6-5*c*.

AR 40-3 (Medical, Dental, and Veterinary Care). Cited in paragraph 3-3.

AR 40-5 (Preventive Medicine). Cited in paragraph 4-2*b*(6).

AR 40-12/SECNAVINST 6210.2/AFR 161-4 (Medical and Agricultural Foreign and Domestic Quarantine Regulations for Vessels, Aircraft, and Other Transports of the Armed Forces). Cited in paragraphs 2-5*b*(3) and 4-3*b*(2).

AR 40-61 (Medical Logistics Policies and Procedures). Cited in paragraphs 6-4*a*, 6-4*b* and *c*, and 6-5*c*.

AR 40-66 (Medical Record and Quality Assurance Administration). Cited in paragraph 6-5*a*(3)(*d*) and (*i*).

AR 40-67 (Army Medical Department (AMEDD) Continuing Health Education (CHE) Program and Professional Specialty Recognition of AMEDD Personnel). Cited in paragraph 2-5.

AR 40-330 (Rate Codes and General Policies for Army Medical Department Activities). Cited in paragraph 3-3.

AR 40-658 (Veterinary Activities (Requirements Control Symbol (RCS) MED-25(R6))). Cited in appendix B.

AR 70-18/SECNAVINST 3900.38/AFR 169-2/ DARPAINST 18/DNAINST 3216.1/ USUHSINST 3203 (The Use of Animals in DOD Programs). Cited in paragraphs 2-5*a*(8) and 5-1*a*(6).

AR 190-12 (Military Police Working Dogs). Cited in paragraphs 4-3*c* and 5-3*a*(2).

AR 190-50 (Physical Security for Storage of Controlled Medical Substances and Other Medically Sensitive Items). Cited in paragraph 6-5*c*.

AR 215-1 (Administration of the Army Morale, Welfare, and Recreation Activities and Nonappropriated Fund Instrumentalities). Cited in table 6-2.

AR 230-65 (Nonappropriated Funds: Accounting and Budgeting Procedures). Cited in paragraph 6-4*a*.

AR 385-30 (Safety Color Code Markings and Signs). Cited in paragraph 6-6*e*.

AR 420-76 (Pest Management Program). Cited in paragraph 2-5*b*(1)(*c*).

BUMEDNIST 6210.3 (Etiologic Agents/Biomedical Materials; Handling of). Cited in paragraph 4-2*b*(11).

BUMEDINST 6220.6 (Rabies; Prevention of). Cited in paragraph 4-2*b*(6).

BUMEDINST 6250.6 (Navy Medical Vector and Pest Management Program; Assignment of Responsibilities for). Cited in paragraph 2-5*b*(1)(*c*).

DA Pam 420-47 (Military Solid Waste Management). Cited in paragraph 5-3*c*(2)(*b*).

DOD Directive 6015.5 (Joint Use of Military Health and Medical Facilities and Services). Cited in summary statement. (This publication may be obtained from Commanding Officer, Naval Publications and Forms Center, 5801 Tabor Ave., Philadelphia, PA 19120).

NASPHV (Compendium of Animal Rabies Vaccines). Cited in paragraph 4-2*b*(3). (This publication may be obtained from the National Association of State Public Health Veterinarians, Inc., Oregon State Health Division, P.O. Box 231, Portland, OR 97207.)

NAV FAC MO-213 (Solid Waste Management). Cited in paragraph 5-3*c*(2)(*b*).

NAVMED P-117 (Manual of the Medical Department). Cited in paragraphs 2-5*a*(7) and 6-4*c*.

NAVMED P-5010 (Manual of Naval Preventive Medicine). Cited in paragraph 2-5*a*(7).

TB MED 283 (Veterinary Necropsy Protocol for Military Working Dogs). Cited in paragraph 5-3*b*(2).

TB MED 291 (Guidance for Inventory, Control, and Accountability of Drugs and Injection Devices of Potential Abuse At Medical Treatment Facilities Worldwide). Cited in paragraph 6-4*a* and 6-4*c*.

Section II
Related Publications*

AR 1-35/SECNAVINST 4000.20/AFR 400-27/DNA INST 4000.19	(Basic Policies and Principles for Interservice, Interdepartmental and Intragency Support).
AR 40-4	(Army Medical Department Facilities/Activities).
AR 40-335	(Medical Services Account).
AR 40-920	(Veterinary Laboratory Service).
TM 8-450	(Animal Specialist).

*A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

Appendix B
Forms Used to Record Animal Medical Information

The U.S. Army Veterinarians are responsible for information pertaining to the medical records of Government-owned animals. Only veterinary/medical personnel are authorized to make entries on these forms.

Note. Footnotes in this appendix apply to Navy and Marine Corps only.

Note. The below standard forms (SF 512 through SF 600) may be used to record clinical treatments and immunizations of privately-owned animals.

Form Number and title	Instructions
AFLC Form 4507 (Veterinary Examination of Dog Offered for Donation or Sale to Government).	Use for examinations prior to the dog being shipped to Lackland AFB. This form is provided to dog owners upon application to the DOD Dog Center for the donation or sale of a dog.[1]
DA Form 1992 (Nonappropriated or Fund Receipt Voucher) equivalent (Installation NAF Veterinary Receipts).	Use to record NAF received by the ADPAC facility when cash registers or computers are not used. Forms are obtained from the NAF management office.[1]
DA Form 2028 (Recommended Changes to Publications and Blank Forms).	Use to send comments and suggested improvements to HQDA (DASG-VCS) on this publication and forms prescribed by this publication.[1]
DA Form 2651 (Veterinary Activities).	For use by Veterinary Services personnel to provide workload data (AR 40-658).[1]
DA Form 3444 (Terminal Digit File for Treatment Record) or DD Form 2344 (Veterinary Treatment Record). (Use only DD Form 2344 when records using the other form are retired.) (Use only DD Form 2344 for new records.)	This form is the animal's health folder. The cover must indicate that it is a veterinary medical record. The form is initiated at the procurement/training center or at the ADPAC for either Government-owned or privately-owned animals. The veterinary officer in charge of the organization rendering treatment is responsible for its content and maintenance. See DD Form 2344 (Veterinary Treatment Record (Green)) entry.[1]
DA Form 3949 (Controlled Substances Record).	Use to record receipt and administration of controlled substances.[1]
DD Form 1626 (Veterinary Necropsy Report).	Use to record necropsy observations (TB MED 283).[1]
DD Form 1741 (Military Dog Immunization Record).	This form is the official record for all immunizations given an MWD.[1]
DD Form 1743 (Death Certificate of Military Dog).	The veterinarian completes and signs this form, attesting to the cause of death for purpose of accountability. When the cause of death is euthanasia, give reason.[1]
DD Form 1745 (Animal Euthanasia).	Use to record request for and approval of euthanasia of privately-owned animals.[1]
DD Form 1829 (Record of Military Dog Physical Examination).	This form is used to record the results of semiannual physical examinations and examinations performed within 30 days before reporting an MWD as excess. Results of other physical examinations may be recorded on SF 600.[1]
DD Form 2208 (Rabies Vaccination Certificate).	Use to record data pertinent to rabies immunization. Constant block information may be preprinted or prestamped. One copy is retained for the file.[1]
DD Form 2209 (Veterinary Health Certificate).	Use in relation to interstate or oversea shipment of an animal. Four copies are usually required; one for the owner, one to accompany the animal, one for the regulatory official in destination State or country, and one for the file.[1]
DD Form 2341 (Report of Animal Bite—Potential Rabies Exposure) or AF Form 1551 (Animal Bite Report and Rabies Quarantine Notification). (Use AF Form 1551 until stock is exhausted, then use DD Form 2341.)	This form is used to record data on animal bites of humans and on observations and disposition of the offending animal.[1]
DD Form 2342 (Animal Facility Sanitation Checklist).	The veterinary inspector uses this form to record findings of sanitary inspections of a facility that houses animals.[1]
DD Form 2343 (Veterinary Health Record).	Use as a cover page to provide a master problem list and other essential information. This form is used by all MTFs.[1]
DD Form 2344 (Veterinary Treatment Record).	Use as a standard folder for all veterinary treatment services in all MTFs.[1]
NASPHV Form 50 (Rabies Vaccination Certificate).	This form may be used in place of DD Form 2208 if DD Form 2208 is not available.[1]
SF 512 (Clinical Record—Plotting Chart).	Record the MWDs weight on this form at least monthly, using an average of the weights obtained by MWD section personnel. (NSN 7540-00-634-4126.[2])
SF 515 (Medical Record—Tissue Examination).	Use as applicable. (NSN 7540-00-634-4155.[2])
SF 516 (Medical Record—Operation Report).	Use as applicable. (NSN 7540-00-634-4156.[2])
SF 519 (Medical Record—Radiographic Report).	Use as applicable. (NSN 7540-00-634-4160.[2])
SF 522 (Medical Record—Request for Administration of	Use as applicable. (NSN 7540-00-634-4165.[2])

See footnotes [1,2] at the end of this appendix.

Form number and title	Instructions
Anesthesia and for Performance of Operations and Other Procedures).	
SF 545 (Laboratory Report Display).	Display various laboratory reports. (NSN 7540-00-181-8362.[2])
SF 546 (Chemistry I).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8358.[2])
SF 547 (Chemistry II).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8352.[2])
SF 548 (Chemistry III (Urine)).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8353.[2])
SF 549 (Hematology).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8354.[2])
SF 550 (Urinalysis).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8355.[2])
SF 551 (Serology).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8357.[2])
SF 552 (Parasitology).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8350.[2])
SF 553 (Microbiology I).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8351.[2])
SF 554 (Microbiology II).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8349.[2])
SF 555 (Spinal Fluid).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8340.[2])
SF 556 (Immunohematology).	Use as applicable; attach to SF 545. (NSN 7540-00-181-8343.[2])
SF 557 (Miscellaneous).	Use as applicable; attach to SF 519. (NSN 7540-00-181-8344.[2])
SF 600 (Health Record—Chronological Record of Medical Care).	This form is the basic detailed chronological record of the MWD's medical history. Except for immunizations, all veterinary medical care that is given a MWD must be entered on it. Results of physical examinations will also be entered on this form, unless the use of DD Form 1829 (see above) is required. Completed forms are to be transferred to the inner side of the front cover of the animal health record. (NSN 7540-00-634-4176.[2])
VS Form 1011 (Equine Infectious Anemia Test Report). (This form may be obtained from the State veterinarian within CONUS where the installation is located.)	Use to request equine infectious anemia tests in CONUS.[1]

Footnotes (for Navy and Marine Corps use only).

[1] This form is available from the Army Regional Veterinary Service.

[2] This form is available from General Services Administration supply depots under the indicated National Stock Number (NSN).

Appendix C
Implementation of the Rabies Control Program

C-1. In order to implement a more meaningful and manageable rabies vaccination program for dogs and cats in the United States, the NASPHV recommends that all States adopt the following standard certificate and tag system. Its use by DOD is mandatory. This will aid the administration of installation, local, State, national, and international procedures. Standardized tags can help a bite victim identify the vaccination status of an animal that cannot be apprehended. Such information is valuable to the attending physician. Committee recommendations for rabies tag colors and shapes by year as well as standardized certificates are as follows:

Calendar year	*Color*	*Shape*
1984	Red	Heart
1985	Blue	Rossette
1986	Orange	Fireplug
1987	Green	Bell
1988	Red	Heart
1989	Blue	Rossette

C-2. Rabies tag colors and shapes repeat every 4 years. License tags should not conflict with rabies tags. The current Compendium of Animal Rabies Vaccine will be utilized in establishing installation vaccination programs that comply with this regulation.

Appendix D
Military Animal Disease Prevention and Control Policy

D-1. Mutual cooperation and referral between civilian and military practitioners are strongly encouraged. Participation of military veterinary service personnel in local and State veterinary activities such as associations, immunization campaigns, fairs, epizootic control programs, public relations functions, etc., in a professionally complementary manner is authorized and encouraged. Army veterinarians are also authorized to assist, upon request of the local veterinary association or other appropriate civilian authority, in the prevention and control of diseases, conditions, or related public health situations which are of a nature that exceed the combined efforts of the local practitioners. In the event clarification is needed on the operation of the particular military ADPAC facility, the president of the local veterinary association should first contact the local military installation commander and if further clarification is needed, the American Veterinary Medical Association.

D-2. In the United States, those veterinary procedures commonly recognized by the profession as cosmetic or elective surgery will not be performed. Surgical or medical procedures will not be performed on any animal owned by personnel authorized military privileges except that limited emergency treatment required to stabilize life- or limb-threatening conditions for referral for definitive treatment by civilian veterinarians may be performed on any animal. Veterinary services will not be provided in support of any commercial operations raising animals (pets or livestock) for sale or profit.

D-3. Army veterinarians, as authorized, provide a limited outpatient service for animals of individuals authorized military privileges. Authorized veterinary services will be the same for personnel living off post as for those living on post and for both active-duty and retired personnel, except that services provided retired personnel will be on a space-available basis. Animals are examined, immunized, and treated for the prevention and control of diseases or conditions which may be transmissible to humans or animals or may constitute a military community health problem. The ADPAC facility must be operated by the veterinary officer, and all assistants are under the direct supervision of the veterinary officer. Dispensing of drugs and prescription diets will be limited to those required in providing the above mentioned authorized services.

Glossary

Section I
Abbreviations

ADPAC..... Animal Disease Prevention and Control
AF..... Air Force
AFB..... Air Force Base
AFLC ..... Air Force Logistics Command
AFM ..... Air Force Manual
AFP..... Air Force Pamphlet
AFR..... Air Force Regulation
BUMEDINST . Bureau of Medicine and Surgery Instruction
CFR..... Code of Federal Regulations
CONUS..... continental United States
DA..... Department of the Army
DA Pam..... Department of the Army pamphlet
DARPAINST . Defense Advanced Research Projects Agency instruction
DD..... Department of Defense
DEA ..... Drug Enforcement Administration
DEERS ..... Defense Enrollment/Eligibility Reporting System
DHS..... Director of Health Services
DNAINST .... Defense Nuclear Agency instruction
DOD ..... Department of Defense
DODD..... Department of Defense Directive
EHO ..... environmental health officer
EKG..... electrocardiogram
FAR..... Federal Acquisition Regulation
HQDA..... Headquarters, Department of the Army
HSC..... U.S. Army Health Services Command
IMSC..... installation medical services complex
IV ..... intravenous
KVP..... kilovolts potential
MA ..... megamperes
MACOM ..... major Army command
MCO ..... Marine Corps order
MFIC..... mobile facility in CONUS
MTF ..... medical treatment facility
MWD..... military working dog
NAF..... nonappropriated fund
NAFI..... nonappropriated fund instrumentality
NASPHV..... National Association of State Public Health Veterinarians, Inc.
NAVENPVNTMED ... Naval Environmental and Preventive Medicine
NAVFAC MO . Naval Facilities Engineering Command Publication
NAVMED .... Naval Medicine
NBC..... nuclear, biological, and chemical
OCONUS..... outside continental United States
OMA ..... operations and maintenance, Army
OPNAVINST . Navy Operations instruction
POMR..... problem oriented medical record
SECNAVINST. Secretary of the Navy Instruction
TB MED ..... technical bulletin medical
TM..... technical manual
USDA ..... United States Department of Agriculture
USUHSINST .. Uniformed Services University of the Health Sciences instruction
VCO ..... Veterinary Corps officer

Section III
Terms

Animal disease prevention and control facility
A facility utilized for an ADPAC program by the U.S. Army Veterinary Service. The ADPAC facility serves as the operational base for the veterinary community health mission, rabies control program, stray impoundment program, health care support of animals, administrative support of the programs, and associated functions. Stray impoundment is not performed at ADPAC facilities on Air Force bases.

ADPAC facility annex
A facility utilized for the animal health care delivery program but capable of less service than an ADPAC facility.

Army Veterinary Service
An integral part of the Army Medical Department. It is composed of the Assistant Surgeon General for Veterinary Services, Veterinary Corps officers, warrant officers, enlisted personnel, and civilian personnel assigned to accomplish its mission.

Attending veterinary service
Veterinary support that is made officially available on a scheduled or on-call basis to an installation or activity to which Veterinary Service personnel are not permanently assigned. The services of a Veterinary Corps officer must be available to the IMSC commander for each installation. If a veterinary officer is not available or routine attending service cannot be provided from command resources or from another major command, MACOMs will request assistance from HQDA (DASG-VCA). A Veterinary Corps officer may be assigned an additional duty as the attending veterinarian for other Air Force, Army, Navy, or Marine Corps installations. When veterinary service personnel are to be stationed at a non-Army installation, the veterinary personnel should be assigned to the geographically responsible Army installation with "duty at" the other Serv-

ice's base. Installations with large privately-owned and/or Government-owned animal populations may have an animal care specialist assigned to provide emergency and other care within his or her capabilities.

Government-owned animals
Public or Government-owned animals that are owned, maintained, or managed by the military or Federal agencies or activities. This includes animals owned and maintained by NAFIs. Stray animals that are euthanized, adopted, or turned over to civil authorities are Government animals.

Human/animal bond programs
Involves the attachment between people and their animals, their interactions, and the significance of the bond in mental, social, and physical health (to include animal facilitated therapy).

Installation medical services complex
All personnel or elements of the military medical care delivery system on any DOD installation.

Installation veterinarian
Veterinarian that conducts the veterinary service at an installation.

Personnel authorized routine military medical care
Those persons enrolled in the Defense Enrollment/Eligibility Reporting System—DEERS.

Privately-owned animal
Animal owned and maintained by an individual owner. This includes stray animals claimed by their owners.

Veterinary Corps officer
Commissioned officer in the Army Veterinary Corps.

Veterinary public health
The application of the art and science of veterinary medicine to the prevention of disease and conditions, protection of life, and promotion of the well-being and efficiency of man and animals in a community.

Zoonotic disease
A disease/condition/organism common to man and other animals. It is not necessarily communicable.

By Order of the Secretaries of the Army, the Navy, and the Air Force:

JOHN A. WICKHAM, JR.
General, United States Army
Chief of Staff

Official:

DONALD J. DELANDRO
Brigadier General, United States Army
The Adjutant General

CHASE UNTERMEYER
Assistant Secretary of the Navy
Manpower and Reserve Affairs

Official:

CHARLES A. GABRIEL
General, United States Air Force
Chief of Staff

JAMES H. DELANEY
Colonel, United States Air Force
Director of Administration

Distribution:

Army: To be distributed in accordance with DA Form 12-9A requirements for AR, Medical Services (Applicable to Medical Activities Only)—Active Army: B, ARNG: C, USAR: D.

Navy: SNDL Parts 1 and 2. (COMNAVMEDCOM WASH DC—250 copies) (NAVDAC-172—15 copies) Stocked: CO, NAVPUBFORMCEN, 5801 Tabor Ave., Phila., PA 19120.

*U.S. GOVERNMENT PRINTING OFFICE: 1985-461-028:10156

MILITARY DOG IMMUNIZATION RECORD				NAME OF ANIMAL	TATTOO NUMBER
DATE	PRODUCT	MANUFACTURER	SERIAL NUMBER	TREATING ORGANIZATION	VETERINARIAN
RABIES					
LEPTOSPIROSIS					
CANINE DISTEMPER					
INFECTIOUS CANINE HEPATITIS					

DD FORM 1741 , 1 Jul 70

Replaces DA Form 2811-R, 1 Jun 66, which is obsolete.

DEATH CERTIFICATE OF MILITARY DOG				
REPORTING FACILITY AND LOCATION				DATE
TATTOO NUMBER	SEX	NAME	WHELPING DATE	DATE OF DEATH
CAUSE OF DEATH (State only immediate cause - Pneumonia, Euthanasia, etc.)				
I CERTIFY THAT THE FOREGOING IS TRUE.				
TYPED NAME & GRADE OF VETERINARY OFFICER		SIGNATURE		

DD FORM 1743, 1 Jul 70 Replaces DA Form 2808-R, 1 Jun 66, which is obsolete.

ANIMAL EUTHANASIA

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: Sections 133, 1071-87, 5031 and 8012, Title 10, United States Code.

2. PRINCIPAL PURPOSE(S): The purpose of requesting personal information is to enable veterinary service personnel to document coordination of your request for animal euthanasia and subsequent disposal of the remains.

3. ROUTINE USES: This information will be utilized to identify and remove your animal's registration record from the files of animals registered with the Veterinary Animal Disease and Control Facility in order to facilitate the Veterinary Preventive Medicine and Zoonotic Disease Control Program.

4. MANDATORY OR VOLUNTARY DISCLOSURE: Providing personal information is voluntary. If the required information is not provided your animal will not be euthanised by military veterinary personnel.

CASE NUMBER	TELEPHONE NUMBER	DATE

NAME OF OWNER	ADDRESS *(Include ZIP Code)*

ANIMAL DATA

NAME	BREED	SEX
		☐ MALE ☐ FEMALE

COLOR	AGE	MARKINGS

I, THE UNDERSIGNED, CERTIFY THAT I AM THE OWNER *(or duly authorized agent for the owner)*, OF THE ANIMAL DESCRIBED ABOVE AND THAT I GIVE PERMISSION TO PERFORM EUTHANASIA OF THE ANIMAL. I ALSO CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ANIMAL HAS NOT BITTEN ANY PERSON OR ANIMAL DURING THE LAST TEN (10) DAYS, AND HAS NOT BEEN EXPOSED TO RABIES.

SIGNATURE OF OWNER

DD FORM 1 JUL 76 1745

EDITION OF 1 FEB 75 IS OBSOLETE.

REPORT OF ANIMAL BITE - POTENTIAL RABIES EXPOSURE

SEQUENCE NUMBER

1. FROM *(Medical Treatment Facility)*	2. THRU *(Deputy for Veterinary Activity)*	3. TO *(Chief, Preventive Medicine)*

PART I - ANIMAL BITE HISTORY *(To be completed by Emergency Room Interviewer)*

4. DESCRIPTION OF ANIMAL

a. TYPE *(Dog, cat, etc.)*	b. BREED	c. SIZE	d. COLOR	e. SEX

5. TIME OF ATTACK

a. DATE *(YYMMDD)*	b. HOUR

6. PRESENT LOCATION OF ANIMAL OR GEOGRAPHIC ADDRESS WHERE ATTACKED ☐ ON POST ☐ OFF POST

7. CIRCUMSTANCES LEADING TO BITE/SCRATCH INCIDENT

8. APPARENT HEALTH OF ANIMAL *(Unusual behavior)*

9. OWNER

a. NAME *(Last, First, Middle Initial)*	b. STATUS *(X one)*	c. PHONE NUMBER	d. ADDRESS *(Street, City, State, Zip Code)*
	☐ (1) MILITARY ☐ (2) CIVILIAN		

10. RABIES VACCINATION

a. VACCINATION STATUS OF ANIMAL	b. YEAR ANIMAL VACCINATED	c. TYPE VACCINE *(If known)*

11. PREPARED BY

a. NAME *(Last, First, Middle Initial)*	b. TITLE	
c. SIGNATURE	d. DEPT/SERVICE/CLINIC	e. DATE PREPARED *(YYMMDD)*

PART II - MANAGEMENT OF ANIMAL BITE CASE *(To be completed by Medical Officer (Information from SF 600))*

12. DESCRIPTION OF INJURY AND LOCATION ON THE BODY

13. DIAGNOSIS *(Injury) (X, as aplicable)*

☐ ANIMAL BITE ☐ CLAW WOUND ☐ OTHER

14. RABIES RISK ESTIMATE *(X one)*

☐ MINIMAL ☐ MODERATE ☐ HIGH RISK

15. INITIAL TREATMENT GIVEN | a. TIME | b. DATE *(YYMMDD)*

☐ c. DEEP FLUSHING AND CLEANSING WITH SOAP AND WATER

☐ d. TETANUS TOXOID *(List dose given)*

☐ e. OTHER *(Specify)*

16. RECOMMENDED FURTHER PROPHYLACTIC TREATMENT

☐ a. NONE

☐ *b. HUMAN RABIES IMMUNE GLOBULIN

☐ c. HUMAN DIPLOID CELL RABIES VACCINE

☐ d. OTHER *(Specify)*

**Need to consult Rabies Board prior to treatment*

17. PATIENT'S IDENTIFICATION *(ID impression, if available.)*
(For typed or written entries give name (last, first, middle initial), pay grade; SSN; unit; phone; date; hospital or medical facility.)

18. PHYSICIAN

a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

19 a. DISCUSSED WITH AREA VETERINARIAN *(X one)* ☐ YES ☐ NO

b. NAME OF VETERINARIAN *(Last, First, Middle Initial)*

20. VERBAL REPORT TO	(1) NAME	(2) PHONE NO
a. VETERINARIAN		
b. POLICE		
c. OTHER		

DD Form 2341, NOV 84

PART III - MANAGEMENT OF BITING ANIMAL *(To be completed by Veterinarian)*

21 AUTHORITIES NOTIFIED

a NAME	b DATE *(YYMMDD)*	c TIME	d. INITIALS	e FOLLOW-UP	
				(1) DATE *(YYMMDD)*	(2) TIME

22. INITIAL ACTION	23 EMERGENCY ROOM NOTIFIED		
	a. TIME	b. DATE *(YYMMDD)*	c. INITIALS

23 LOCATION OF ANIMAL DURING OBSERVATION PERIOD *(On or off post, list point of contact if not veterinary activity)*

24 OBSERVED BY *(Include name of military or civilian agency)*

25 DATES OBSERVED *(YYMMDD)*		26 DATE ANIMAL RELEASED *(YYMMDD)*
a FROM	b TO	

27 CONDITION OF ANIMAL DURING AND AT THE END OF 10-DAY QUARANTINE

28 OTHER DISPOSITION OF ANIMAL *(Explain fully - died, escaped, not located, etc.)*

29 LABORATORY FINDINGS OF ANIMAL SUBMITTED FOR RABIES DIAGNOSIS

a TEST	b DATE RECEIVED *(YYMMDD)*	c RESULTS			
(1) FLUORESCENT ANTIBODY			NEGATIVE		POSITIVE
(2) MOUSE INOCULATION			NEGATIVE		POSITIVE

30 INFORMATION REPORTED TO RABIES BOARD BY

a NAME *(Last, First, Middle Initial)*	b SIGNATURE	c DATE SIGNED *(YYMMDD)*

31 VETERINARY OFFICER

a NAME *(Last, First, Middle Initial)*	b SIGNATURE	c DATE SIGNED *(YYMMDD)*

PART IV - RABIES ADVISORY TEAM ACTION/BOARD REVIEW

32 DISCUSSED BY *(List names of members of team or board, or X box at right.)* ☐ NOT REQUIRED TO MEET

33 RECOMMENDATIONS

	a HUMAN RABIES IMMUNE SERUM		(1) LOCAL		(2) SYSTEMIC		(3) OR BOTH
	b VACCINE						
	c OTHER						

34 CHIEF, PREVENTIVE MEDICINE

a NAME *(Last, First, Middle Initial)*	b SIGNATURE	c DATE SIGNED *(YYMMDD)*

35 FINAL DISPOSITION OF CASE *(Review by rabies board)*

48 PRESIDENT OR SENIOR MEDICAL OFFICER OF BOARD

a SIGNATURE	b DATE SIGNED *(YYMMDD)*

DD Form 2341 Reverse, NOV 84

ANIMAL FACILITY SANITATION CHECKLIST

1. DATE OF INSPECTION *(YYMMDD)*	
2. AREA	3. BUILDING NUMBER
4. NAME OF SUPERVISOR *(Last, First, Middle Initial)*	5. NAME OF INSPECTOR *(Last, First, Middle Initial)*

SECTION I - SANITARY CONDITIONS

ITEM NO	ITEM	SAT	UNSAT	ITEM NO.	ITEM	SAT	UNSAT
1	PREMISES			9	WATER TROUGHS/PANS		
2	STALLS/KENNELS			10	ANIMAL WASTE DISPOSAL		
3	TACK/EQUIPMENT ROOMS			11	TRASH DISPOSAL		
4	OFFICE LOUNGE-LOCKER ROOM			12	INSECT AND RODENT CONTROL		
5	TOILET FACILITIES			13	QUARANTINE AND ISOLATION AREA		
6	FOOD/BEVERAGE VENDING MACHINES			14	EQUIPMENT		
7	CORRALS/RUNS			15	WATER SUPPLY		
8	FEED QUALITY AND STORAGE			16	PASTURES/TRAINING AREAS		

REMARKS AND RECOMMENDATIONS

SECTION II - ANIMAL PREVENTIVE HEALTH MEASURES

ITEM NO	ITEM	SAT	UNSAT	ITEM NO	ITEM	SAT	UNSAT
1	CONDITION/GROOMING			4	QUARANTINE MEASURES		
2	PERSONNEL TRAINING			5	REQUIRED VACCINATIONS CURRENT		
3	FEED AND WATER SCHEDULE			6	SAFETY MEASURES		

REMARKS AND RECOMMENDATIONS

GENERAL RATING				SIGNATURE OF VETERINARY CORPS OFFICER
	EXCELLENT		UNSATISACTORY	
	SATISFACTORY			

DD Form 2342, NOV 84

VETERINARY HEALTH RECORD

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Section 3012.

PRINCIPAL PURPOSE: To insure that all veterinary care, treatment, immunizations, etc., provided to authorized owners of animals is recorded.

ROUTINE USES: Used to maintain health records of animals and to locate animal owners for follow-up notification of care or treatment received.

DISCLOSURE: Providing personal information is voluntary. If information is not provided, the animal will not be provided veterinary care.

1. SPONSOR DATA

a. NAME *(Last, First, Middle Initial)*					b. PAY GRADE		c. SSN		
d. HOME ADDRESS *(Street, City, State, Zip Code)*							e. HOME PHONE		
f. DUTY STATUS *(X one)*		ACTIVE		RETIRED	g. RESIDENCE *(X one)*		ON POST		OFF POST
h. ORGANIZATION							i. DUTY PHONE		

2. ANIMAL DATA

a. NAME	b. SPECIES	c. BREED	d. COLOR	e. DATE OF BIRTH *(YYMMDD)*	f. SEX

g. IMMUNIZATION DATA

(1) DATE OF IMMUNIZATION *(YYMMDD)*	(2) VACCINE TYPE & MANUFACTURER	(3) DATE OF IMMUNIZATION *(YYMMDD)*	(4) VACCINE TYPE & MANUFACTURER

3. LABORATORY PROCEDURES

a. DATE OF PROCEDURES *(YYMMDD)*	b. LABORATORY TEST - DIAGNOSIS - REMARKS

4. MASTER PROBLEM LIST *(Continued on reverse)*

a. DATE FIRST DIAGNOSED *(YYMMDD)*	b. PROBLEM NUMBER	c. REMARKS

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4 MASTER PROBLEM LIST *(Continued)*		
a. DATE FIRST DIAGNOSED *(YYMMDD)*	b. PROBLEM NUMBER	c. REMARKS